

thirds of the inhabitants of that town, now between the ages of 30 and 59 years, will be subjected biennially to a rigorous physical examination dealing with all factors possibly related to heart disease; and that this program will be continued for a period of *twenty years*.

Dr. Ancel Keys and his colleagues in the School of Public Health at the University of Minnesota are carrying on a not dissimilar study which includes very thorough annual examination of the cardiovascular status in 130 young men (18–26 years of age in 1947) and 300 older men (45–54 years of age in 1947) using refined new techniques for the evaluation of cardiovascular function. This study is already yielding high significant data in regard to “normal” standards and changes related to age.<sup>1</sup>

Such programs as these, planned for future decades, are a far cry from the few weeks in which Snow and Sedgwick elucidated the secrets of cholera and typhoid fever; but they represent the sort of approach which alone is likely to make possible control of at least certain of the factors underlying the development of cardiovascular diseases.

1. Cf., e.g., 1950 *J. Clin. Investigation* 29, 1347; 1950 *Science* 112, 79; 1950 *Circulation* 1, 1000, 1006.

## PENNSYLVANIA ON THE BAND WAGON

FIFTY years ago Pennsylvania exerted an influence on American public health in keeping with the intellectual and economic and social leadership to be expected from the Keystone State. The writer can recall the days when Drs. Benjamin Lee and Samuel G. Dixon were among the outstanding statesmen in the American Public Health Association.

In recent years the prestige of the state has not been maintained at the same high level. In 1947 the Commission on Preventive Medicine and Public Health of the State Medical Society ranked Pennsylvania among the lowest of the 48 states in the quality of its public health work. Dr. R. P. Kandle and his American Public Health Association survey team later amply corroborated and documented the unfavorable estimate. It is said that 90 per cent of the department was under straight patronage appointment. Although Pennsylvania is the third largest state in population, only three states in proportion to population have fewer physicians certified by the American Board of Preventive Medicine and Public Health.

The Medical Society and survey reports were followed by a remarkable mobilization of citizen interest. The State Health Council was organized. The Pennsylvania Citizens Association for Health and Welfare vigorously entered the public health field. The Pennsylvania Tuberculosis and Health Society devoted its strong statewide organization to education on the state's public health needs. Public health became the number one item on the Pennsylvania League of Women Voters' Agenda. Finally, both gubernatorial candidates pledged support to the objectives of the survey. Governor Fine, during his campaign, declared, “Public health is a professional field. . . . The Secretary of Health and other executive, professional, and technical personnel should have the specialized training, the experience, and the professional leadership necessary to make Pennsylvania's Health Department outstanding.” The Governor also pledged home rule, county health services, and a codification of public health law.

The primary objective of the citizen movement was obtained in January when

Governor Fine appointed Dr. Russell E. Teague as Secretary of Health. Dr. Teague was one of five well qualified physicians recommended by the medical profession and by outstanding faculties of preventive medicine and public health. He is a graduate of the Johns Hopkins School of Hygiene and Public Health with extensive and successful experience in public health administration, most recently as Assistant Director of Phipps Institute in Philadelphia. He is on leave from the regular corps of the Public Health Service. His appointment assures the leadership of a trained and experienced public health administrator.

Pennsylvania with its new Graduate School of Public Health at the University of Pittsburgh has an opportunity to blaze new trails. Pittsburgh's Health Department is already in process of professional reorganization. Staff consultation, research, and the training of key personnel should afford the Pittsburgh school many challenging opportunities for service during the next few years.

Another major need in Pennsylvania is being met by the Public Health Law Research Project at the School of Law, University of Pittsburgh. A foundation grant of \$147,000 is financing a thorough analysis, restatement, and codification of the public health law. The object is to create a modern health code through close teamwork between the legal profession, professionals in public administration, and physicians and other public health workers.

We look for great things from Pennsylvania in the next decade. The whole arch of public health in the United States will be stronger, now that its Keystone has been strengthened.